Box 1: Implications for future policy and practice

The study findings suggest a need for:
• A clear strategic vision and leadership to ensure the success of the integrated model
• Recognition of the challenges of implementing transformational public health services and promoting collaboration in hostile economic conditions
• Clarity about the aims and intended outcomes of commissioning an integrated lifestyle service in the context of a need to tackle health inequalities
• Drawing on learning from existing research and practice with targeted groups
• Investing time and resources in supporting change management processes with new and existing staff, to build coherence, ensure buy-in, shared values, feasibility and complementarity between all elements, and enhance 'fit' with existing services
• A workforce that is sufficiently trained to implement an integrated service effectively and ensure the transition to new staffing roles and structures is managed appropriately
• Sufficient time built into the mobilisation and set-up time of the new service, especially across provider organisations, to ensure teams are working towards a shared vision
• Appreciation of the complexities of multiple providers delivering an integrated service, and commissioning and provider responsibilities being managed in the same organisation
• Use of meaningful, co-produced and robust performance management systems linked to a shared understanding of what the service is aiming to achieve and what success looks like
• Shared performance indicators across providers to ensure fully integrated working, and quality assurance measures to ensure the outcomes of the model can easily be reviewed as a whole
• Identification of effective tools to capture change over time and measure outcomes valued by communities themselves (e.g. gaining a sense of belonging, expanding social networks, building self-belief, etc)

Figure 1: Live Well Gateshead

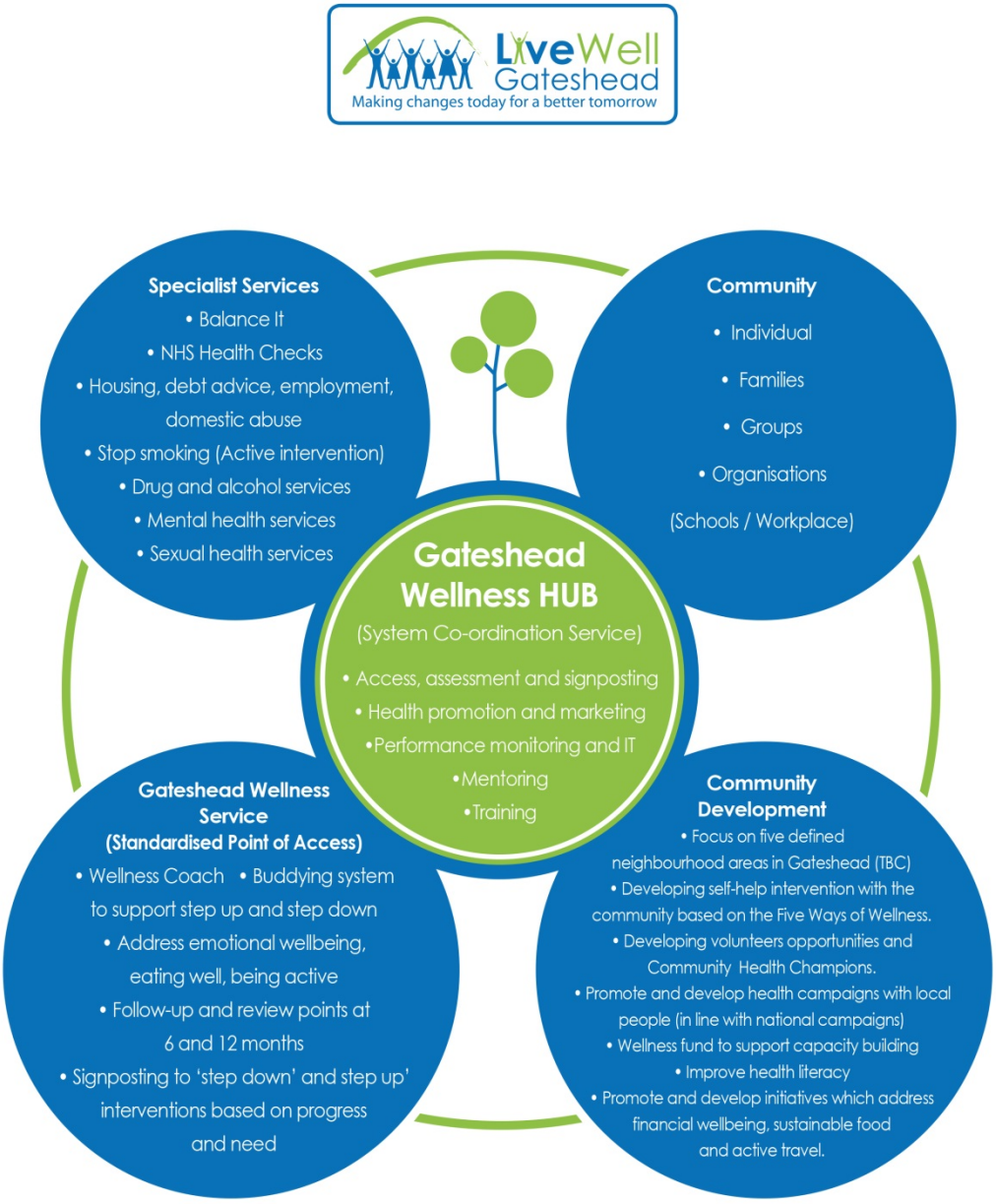

Figure 2: Overview of the WFL service model

Highlights for Public Health:

- Single-issue lifestyle services have made little impact on health inequalities
- Evidence is limited on the practicalities of developing, commissioning and implementing integrated services which address multiple health and wellbeing issues simultaneously
- Adverse structural and contextual factors risk destabilising these fledgling services
- Progress has been undermined by ongoing austerity and cuts to public health budgets
- Commissioners require robust, timely evidence of impact that takes into account the particular needs of the target communities

Title: **"It's not a quick fix" Structural and contextual issues that affect implementation of integrated health and wellbeing services: a qualitative study from North East England**

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Table 1: Participant characteristics

Characteristics		Live Well Gateshead	Wellbeing for Life
Gender	Female	6	5
	Male	3	2
Role	Commissioner	2	1
	Provider	5	6
	Elected member	2	0
Employer	Local authority	7	2
	NHS Foundation Trust	2	2
	Third sector organisation	0	3
Total		9	7